Resources



Chapter 2

- **Oral Health Infrastructure Checklist**
- **HP 2010 Oral Health Planning Self-Assessment**
- **Web Sites and Contact Information for National Agencies and Organizations**
- **Sample 2010 Planning Structures**
- **Model for the Development of Maryland's Project 2010 (also downloadable from www.cha.state.md.us/olh/html/hip.html)**
- **Physical Research** NGA Oral Health Policy Academy Participating States
- **Worksheet: Recruiting Coalition Members**
- **Worksheet: Oral Health Coalition Contact List**
 - Sample Recruiting Tool: Partnership Opportunities (download from www.phf.org/HPtools/state/DEpartnr.pdf)
- **Examples of Oral Health Coalitions and Member Groups in North Dakota and Missouri**
- Healthy Delaware 2010 Chamber of Commerce Member Questionnaire (also downloadable from www.phf.org/HPtools/state/Ident-D.pdf)
- Healthy Delaware 2010 Steering Committee Survey (also downloadable from www.phf.org/HPtools/state/Survey.pdf)
- ## Handout: Definitions of a Team (also downloadable from www.phf.org/HPtools/state/teamdefn.pdf)
- Handout Example: Ground Rules (also downloadable from www.phf.org/HPtools/state/grndrule.pdf)
- Guidelines for Productive Team Meetings (also downloadable from www.phf.org/HPtools/state/grndrule.pdf)
- **SWOT Worksheet**
- **References**

Oral Health Infrastructure Checklist

How many resources are you aware of in your state/territory, tribe or community that you could contact for assistance with oral health programs or projects? The following list provides a few examples. Adapt this worksheet to list contact information for each resource.

Regional and Statewide Agencies or Programs

	DHHS Regional Office
	Indian Health Service Area Dental Officer
	State Dental/Oral Health Program Director
	State Medicaid/SCHIP Dental Consultant(s)
	State EPSDT Dental Consultant
	Other State Oral Health Staff (e.g., MCH, Developmental Disabilities, Migrant Health,
	Corrections)
	State Dental Board (members)
	State Dental Association
	 Dental Auxiliary (dental spouses)
	State Dental Hygienists' Association
	State Dental Assistants' Association
	Other Statewide Dental Professional Organizations
	Dental Schools
	Dental Hygiene Schools
	Dental Assisting Programs
	Dental Technician Programs
	Public Health Schools
	Area Health Education Centers
	Statewide Oral Health Coalitions, Task Forces, Advisory Groups
	Dental Residency Programs
	Research or Policy Centers/Institutes with Oral Health Staff
	Advocacy Organizations
	Dental Managed Care Plans
	Dental Insurance Organizations
	Dental Products/Equipment Companies
	Dental Laboratories
	Other (list here):
Loca	al/ Community Programs
П	Health Departments with Dental Director or other Oral Health Staff
	Community Health Centers with Dental Programs
	School-based Dental or Oral Health Programs
	Early Childhood Oral Health Programs
	Indian Health Service or Tribal Programs
_	$oldsymbol{\omega}$

Migrant Health Programs or Health Centers			
Homeless Health Programs or Health Centers			
Other Health Department Dental Care Assistance Programs			
Non-Profit/Volunteer Dental or Oral Health Programs			
Clinics			
 Mobile vans or trailers 			
 Portable equipment 			
 Screening/referral 			
 Preventive services 			
• Other:			
Private General Dentists who accept Medicaid/SCHIP			
Private General Dentists who provide other Reduced Fee Services			
Pediatric Dentists who accept Medicaid/SCHIP			
Pediatric Dentists who provide other Reduced Fee Services			
Dental Specialists who participate in state-sponsored programs			
Donated Dental Services Program			
Local Hospital Programs			
Case Management Programs			
Transportation Assistance			
Other Insurance Programs			
Local Oral Health Coalitions			
Local Dental Societies			
Local Dental Hygiene Components			
Local Dental Assistants Societies			
Local Dental Auxiliaries (Dental Spouses)			
Local Advocacy Groups/Service Organizations			
Dental Supply Companies			
 Dental Laboratories			
Other:			

■ HP 2010 Oral Health Planning Self-Assessment

Assess your knowledge of what is occurring in your state/territory that can be used for the HP 2010 Initiative. If you don't know the answer, place an \times in the DK "don't know" option, and then research the answer.

At what stage is your state in having a HP 2010 Plan? completed in progress not started	DK
Is there a Web site to access the information?yesno	DK
Are any oral health objectives included in the HP 2010 Plan?yesno	DK
If yes, is oral health a separate chapter or focus area?yes no	DK
Are there any local or tribal HP 2010 plans?yes no	DK
What sources of funding have been used to support HP 2010 planning efforts? Governmental:federalstatecounty/local Private:nationalstatelocal Other:	DK
Is there a statewide oral health coalition?yes no	DK
Are there any other oral health coalitions for specific communities or purposes? yesno	DK
Is there a written state oral health plan?yesno	DK
Has your state participated in a NGA Policy Academy?yesno	DK
Has your state had any Oral Health Summits or Forums?yesno	DK
Does your state have a State Oral Health Program/Dental Director?yesno	DK
If yes, is he/shefull-timepart-time? Does he/she have dental credentials?yesno Does he/she have public health credentials?yesno	DK DK DK
State Title	

■ Web Sites for Selected National Organizations & Agencies

Associations and Organizations

Academy of General Dentistry: www.agd.org

American Academy of Pediatric Dentistry: www.aapd.org
American Association for Dental Research: www.aadr.org
American Association of Dental Examiners: www.aadexam.org
American Association of Public Health Dentistry: www.aaphd.org

American Dental Association: www.ada.org

American Dental Education Association: www.adea.org
American Dental Hygienists' Association: www.adha.org
American Dental Trade Association: www.adta.org

American Public Health Association: www.apha.org

Association of Clinicians for the Underserved: www.clinicians.org
Association for Maternal and Child Health Programs: www.amchp.org
Association of State and Territorial Dental Directors: www.astdd.org

Hispanic Dental Association: www.hdassoc.org

National Association of County and City Health Officials: www.naccho.org

National Association of Dental Plans http://nadp.org

National Association of Local Boards of Health: www.nalboh.org

National Congress of American Indians: www.ncai.org
National Dental Association: www.ndaonline.org

National Governors Association Center for Best Practices: www.nga.org/center

National Indian Health Board: www.nihb.org

National Maternal and Child Oral Health Resource Center: www.mchoralhealth.org

Oral Health America: www.oralhealthamerica.org

Special Care Dentistry: www.scdonline.org
Special Olympics: www.specialolympics.org

Agencies

For most government programs, use the initials of the program followed by ".gov", e.g.,

• Office of the Surgeon General: www.surgeongeneral.gov

♠ NIDCR: www.nidcr.nih.gov

HRSA: www.hrsa.gov

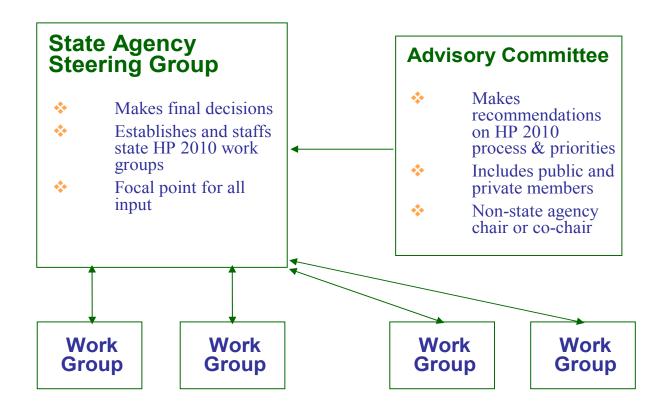
Head Start: www.acf.dhhs.gov

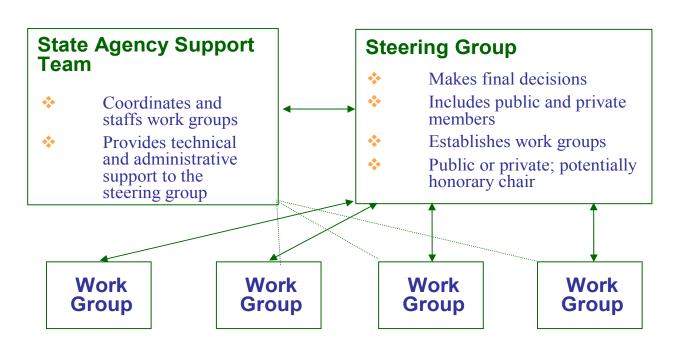
CDC, Division of Oral Health: www.cdc.gov/OralHealth/index.htm

Contact Information for National Associations Who Do Not Have Web Sites

American Association of Community Dental Programs C/o Dr. Larry Hill 3101 Burnet Avenue Cincinnati, Ohio 45229 larry.hill@rcc.org National Network for Oral Health Access C/o Dr John McFarland
Plan de Salud del Valle Dental Clinic
1115 E 2nd Street
Fort Lupton, CO 80621
Jmcfarland@saludclinic.org

Sample 2010 Planning Structures







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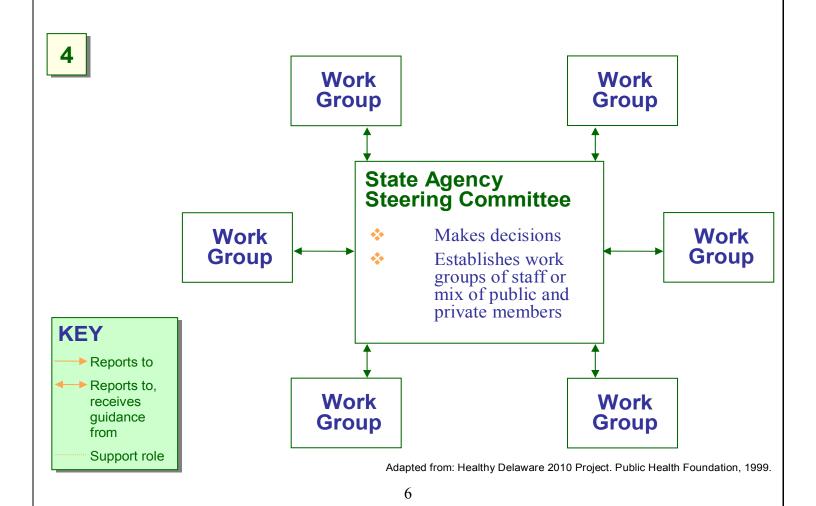
Coordinates and staffs work groups under steering committee

Governor's Steering Committee Makes final decisions Engages cabinet leaders Establishes work groups • Guides and manages process **State Agency Support** Team Technical support Work Work Work

Group

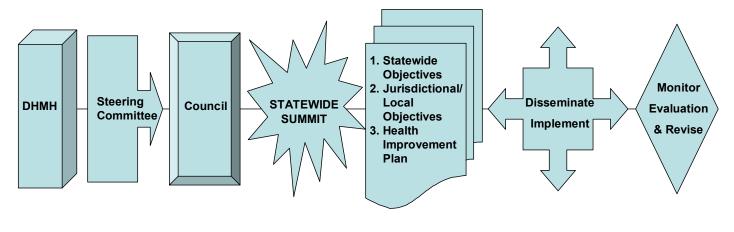
Group

Group



Model for the Development of Maryland's Project 2010

Summit Outcomes*



Community

Public/Private, Local/State, Health Providers/Professions, Academia, Business, Non-Profit, Faith, Consumers

*Linked to Healthy People 2010 Framework

NGA Oral Health Policy Academy Participating States

Round 1: Dec 2000 in Charleston, SC. These states have submitted reports to NGA on outcomes achieved and strategies for implementing their action plans.

- Alabama
- Colorado
- Minnesota
- Ohio
- Oregon
- South Carolina
- Virginia

Round 2: May 2001 in Nashville, TN. These states are in the process of developing their action plans.

- Arkansas
- Delaware
- Georgia
- Kentucky
- Tennessee
- Utah
- West Virginia
- Wyoming

Round 3: Oct 2001 in Jackson, MS. These states just completed their first Academy meeting and teams are continuing to meet on their own.

- Florida
- Maine
- Massachusetts
- Mississippi
- Missouri
- Pennsylvania

Worksheet Recruiting Coalition Members

1.	Why do you want or need members?
2.	How many members do you need?
3.	What kind of members do you need? (i.e., individuals, members who speak for organizations, members with specific skills or expertise)
4.	When do you want to have the first meeting? What tasks need to be accomplished to be ready for that meeting? (develop a timeline)
5.	How should you approach potential members? What do you want to say? (How will they benefit from joining the coalition?)
6.	What is the best method for contacting potential members? (in person, on the phone, by mail)
7.	Who is going to contact potential members'? (divide the task)
	printed with permission from Washington State Department of Health. Community Roots for al Health. Guidelines for Successful Coalitions. March 2000.

Oral Health Coalition Contact List

Reprinted with permission from Washington State Department of Health. Community Roots for Oral Health.

Guidelines for Successful Coalitions. March 2000

Worksheet

Agency/Group Represented	Contact Person	Address	Phone	E-mail Address
Local Health Dept.				
Dental Society				
Dental Hygiene Society				
Head Start				
Health and Human Service Providers				
School Nurses				
Service Clubs				
Parents				
Dental Consumers				
Health Clinics				
Hospitals				
Health Care Providers				
Media				
Policy Makers				
Key Businesses				
Multi-cultural Groups				
Prenatal Outreach Programs				
WIC				
Churches				
Community Foundations				
Provider Schools/Colleges				
Children's Advocates				



Partnership Opportunities

January 2000

Build the Initiative

To get Healthy Delaware 2010 off the ground, we need leadership and partnership from many organizations and individuals. Contribute your efforts, resources, or staff to the committees responsible for creating a successful initiative.

Development—oversees the development of actionoriented plans by work groups. This committee needs:

- Experts to help prepare and review briefing materials on important health issues for work groups (Jan – Feb 2000)
- Facilitators for monthly work group meetings (Apr Sept 2000)
- ☐ Donated food, beverages, and appreciation items for work group participants (Apr Sept 2000)
- Administrative assistance with copying and mailing materials to work group participants (Feb – Oct 2000)

Marketing—promotes the initiative and participation from all sectors. This committee needs:

- □ Professional marketers, good writers, and graphic artists to help put the marketing plan into action—volunteers or staff on "executive loan" to refine marketing strategies, write articles, prepare kits for speakers, plan events, and develop the "Healthy Delaware Heroes" awards program
- Web site assistance professionals or students to help do design work, put documents on the site, and arrange links to and from the Healthy Delaware 2010 site
- ☐ Printing—print or underwrite the cost of printing the Healthy Delaware 2010 plan (April 2001)
- Sponsors for "companion publications" geared to the needs of specific groups (such as businesses or schools)

- Mailing/distribution—handle major quarterly mailings promoting the initiative or help distribute plans beginning April 2001
- ☐ Host sites and meeting planning assistance for public comment meetings in each county (Jan Feb 2001); the Healthy Delaware 2010 launch event (April 2001); and post-launch promotional events in each county (summer- fall 2001).
- Donated food, beverages, and appreciation items for the Healthy Delaware 2010 launch event (April 2001)

Sustaining the Initiative — focuses on long-term success through strategic partnerships, resources, incorporation of Healthy Delaware into public/private initiatives, and ways to support efforts. This committee needs:

- Legal and staff assistance to help establish an independent, nonprofit Healthy Delaware 2010 organization or community foundation
- An interim fiscal agent
- Staff to develop and maintain a database of Healthy Delaware Prevention Partners and organizations' specific commitments
- ☐ Leaders to help attract, motivate, and coordinate participation among partners in their sectors.

Evaluation— ensures we can measure the achievements of Healthy Delaware. This committee needs:

- People with technical expertise in public and private sector data systems to help track Healthy Delaware progress
- Volunteers from all sectors to help design and implement evaluation plans for the initiative

Join a Work Group to Develop the Healthy Delaware 2010 plan

Work with others from your sector to help develop the community health guide for the decade.

Volunteer for a work group. Participants must commit to attend 2-4 meetings, plus time to review background materials on Delaware issues, past efforts, and effective strategies.

Comment on the Draft Plan

Review and comment on the draft Healthy Delaware 2010 plan, available at meetings, in print, or online at healthydelaware.com (Jan – Feb 2001).

Become a Healthy Delaware "Prevention Partner"

Pledge your support and gain recognition as a Healthy Delaware Prevention Partner.

- Request and complete a partnership agreement by February 2001.
- Mobilize your affiliates, association members, or others to become partners in the initiative.

Promote Healthy Delaware

Promote Healthy Delaware 2010 and your involvement.

- ☐ Put a link to healthydelaware.com on your web page.
- Include relevant Healthy Delaware goals and objectives in your materials.
- Include the Healthy Delaware 2010 logo on your publicity for activities and events that support Healthy Delaware 2010.
- Invite speakers to your organization or staff meeting to discuss the initiative and your partnership.
- Mail the draft plan or the final plan to your constituency with a cover letter highlighting areas of importance to them.
- ☐ Use the initiative's local marketing guide (available April 2001) to help promote the initiative.

Share Responsibility for Achievement

- Incorporate the recommendations for your sector into your strategic or community plans.
- Set annual performance agreements with managers specifying how their teams or programs will help achieve and track progress according to Healthy Delaware 2010 objectives.
- Use Healthy Delaware 2010 to choose a prevention focus for worksite, community, school, faith-based, or policy initiatives.
- Use Healthy Delaware 2010 or healthydelaware.com to find resources and information on best practices.
- Collaborate with others in your sector or make crosssector partnerships to undertake Healthy Delaware 2010 strategies.
- Sponsor employee or student Healthy Delaware wellness events.
- Expand or modify current agency initiatives to focus on Healthy Delaware 2010 prevention goals.
- Volunteer to be listed in Healthy Delaware 2010 as an organization responsible for leading action in specific areas
- Advocate for (or propose) policies to achieve the Healthy Delaware prevention agenda. Show your organization, school, or elected leaders how their policies can make a difference.
- Use Healthy Delaware 2010 for evaluation and tracking. Collect and share data to compare your community or program participants to the state objectives.

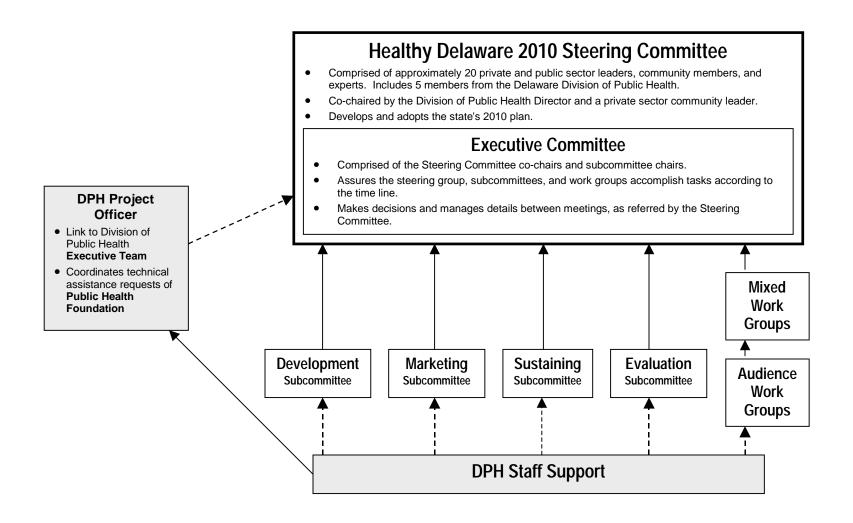
To get involved, contact:

Healthy Delaware 2010 Terrance Zimmerman, PhD, Coordinator

Delaware Division of Public Health Jesse Cooper Building P.O. Bo 637

Dover, DE 19903 Voice: 302-739-3034 Fax: 302-739-3008 TDD: 1.800.464.HELP

Email: tzimmerman@state.de.us



Lines of support
Lines of accountability

Examples of Oral Health Coalitions & Member Groups

North Dakota HP 2010 Oral Health Coalition

- North Dakota Department of Health
- North Dakota Department of Human Services Medicaid and Health Tracks
- North Dakota Department of Public Instruction
- Indian Health Service
- Head Start State Collaboration Office
- ◆ WIC
- Local health agencies
- North Dakota Board of Dental Examiners
- State Dental Association
- State Dental Hygiene Association
- State Dental Assistants Association
- **©** Community Action Association
- Community Health Centers
- Primary Care Association
- Primary Care Organization
- Aging Services
- Patterson Dental Supply Company
- North Dakota Insurance Department
- North Dakota Blue Cross/Blue Shield (Noridian)
- Red River Region Dental Access Coalition
- Dakota Medical Foundation
- North Dakota Tobacco Control Program
- Tobacco Free North Dakota
- Municipal Facilities Fluoridation Program
- Media representative Public Radio, AP
- ◆ North Dakota State College of Science Allied Dental Health Department
- University of North Dakota Medical School
- Cancer Program/Registry

Missouri Coalition for Oral Health Care Access

- MO Primary Care Association
- MO Dental Association
- UMKC School of Dentistry
- MO Chapter, American Academy of Pediatrics
- MO Head Start Association
- MO Public Health Association
- MO Dental Hygienists Association
- **MO Area Health Education Centers**
- **Boone County Council on Aging**
- MO Association for Social Welfare
- **MO** Conference of the United Methodist Church
- Mineral Area Study Club
- MO Children's Trust Fund

Healthy Delaware 2010: Chamber of Commerce Member Questionnaire

The Delaware Division of Public Health has asked the Public Health Foundation to assist in developing a statewide plan to improve the health of Delawareans by the year 2010. The final product will be a state health plan, called Healthy Delaware 2010 which will contain objectives and strategies to improve the health of Delaware. The expected completion date is April 2000.

The purpose of this questionnaire is to collect information from stakeholders before planning begins. This information will help the steering committee focus its efforts, create a plan that people will use, and engage both the private and public sectors in important health efforts. As the plan is developed, there will be other opportunities for public input and involvement.

2.	How do you feel public health issues relate to what you do in your busine
	Tiow do you reet public licatel issues relate to what you do in your business

Does your business offer health-oriented programs? If so, please briefly expl what they are and how they were chosen (e.g., employee need, direction of coheadquarters, labor agreement, staff idea.)	
Type of Program:	
How Chosen:	
What types of plans, if any, do you use in your everyday work?	
What would a publication need to look like in order for it to seem relevant to	o you?
Are there specific publications you can give as examples?	v
	what they are and how they were chosen (e.g., employee need, direction of coheadquarters, labor agreement, staff idea.) Type of Program: How Chosen: What types of plans, if any, do you use in your everyday work? What would a publication need to look like in order for it to seem relevant to

7.	What could motivate or interest other businesses in getting involved with a	a sta
7.	What could motivate or interest other businesses in getting involved with a health improvement initiative?	a sta
7.		a sta
7.	health improvement initiative?	a st:
7.	health improvement initiative?	a sta
7.	health improvement initiative?	a st:
7.	health improvement initiative?	a st:
7.	health improvement initiative?	a sta
7.	health improvement initiative?	a sta
7.	health improvement initiative?	a sta

8.	In which of the following ways would you be interested in assisting with the state health plan or addressing issues covered in the plan? (Check all that apply)
	Join a work group
	Give input at a public meeting
	Motivate other leaders to be involved
	Publicly support the plan's priorities
	Publicly commit to addressing certain areas
	Propose new health policies
	Develop or expand programs or initiatives (employee, community, agency, school)
	Comment on draft plans
	Contribute resources (monetary donations, printing/copying, mailing/distribution, host promotion events, administrative staff, technical staff)
	Integrate state plan into current organization plans
	Evaluate or track progress in certain areas
	Other:

All things considered, what is the most important message we should give people making the state health plan?	to

Thank you for completing this questionnaire! Your input is greatly appreciated.

Please return by August 25, 1999 via fax [(202) 898-5609] or mail to Dianna Conrad, Public Health Foundation, 1220 L St. N.W., Ste. 350, Washington, D.C. 20005.

Healthy Delaware 2010 Steering Committee Survey

The Healthy Delaware 2010 Subcommittee needs your input in order to recommend a framework and methods to develop our state health plan.

For multiple choice questions below, please mark the circle next to the response that best describes your opinion. It is not necessary to color in the circle; an "X" or check is okay. IMPORTANT: Pay attention to the number of responses allowed. Some questions allow more than one response. Thank you!

Frame	ework			
1.	How	would you most like to see the state health plan organized? (choose ONE)		
		Chapter for each health indicator (e.g., teen smoking), containing objectives and		
		activities pertaining to each target audience Chapter for each target audience, containing objectives and activities to address each health indicator		
		A book organized by health indicator on one side and—when flipped over—organized by target audience on the other side		
		Other (please specify): Not sure		
		No preference		
2. Please take a few minutes to review the attached handouts, "Using Health Indicators to Identify Priorities." Of the five sets of health indicators listed on pages 3 – 7, which do you favor most as a framework for Healthy Delaware 2010? (choose ONE)				
		Health Status Indicators of Healthy People 2000, Objective 22.1, Set Community Health Status Indicators Project Set O Health Determinants and Health Outcomes Indicators Set		
		Life Course Determinants Set		
		Prevention-Oriented Set		
		Not sure		
		No preference		
What indicators (if any) would you delete from your choice in question #2? (list up to TWO)				
What indicators (if any) would you ADD to your choice in question #2? (list up to TWO)				

Healthy Delaware 2010 Steering Committee Survey (Cont.)

Organizing Work Groups				
3.	to peorgan	of the work to develop Healthy Delaware 2010 will be done in work groups, open ople outside the Steering Committee. Regardless of how the work groups are nized, their recommendations can be "plugged into" the plan's printed format chosen e Steering Committee (see question #1).		
		how people work best together and the goals of Healthy Delaware 2010. What best way to organize work groups? (Choose ONE)		
		Convene audience groups* to set their objectives and strategies around indicators, independent of other audiences		
		Convene mixed groups** around each indicator, enduring that each audience is represented when developing objectives		
		Convene audience groups to discuss potential objectives, then send delegates to a mixed group around each indicator		
		Convene mixed groups to develop common objectives for each indicator, then have audience groups develop strategies		
		Other (please specify):		
		Not sure		
		No preference		
		ess, government, or community-based organizations cople from multiple audiences		
Target	Audie	ences		
4.	Healt	th of the following target audiences should the Steering Committee use to organize thy Delaware 2010 work groups and sections of the plan? (choose AS MANY AS LIKE)		
		Government (e.g., government agencies, elected officials)		
		Business (e.g., industry, chamber of commerce)		
		Consumers (e.g., citizens, patients, persons at risk)		
		Health systems and hospitals (e.g., managed care organizations, provider		
		networks)		
		Community health organizations (e.g., community health centers, American Heart Association, Planned Parenthood)		
		Other community-based organizations (e.g., civic groups, faith communities,		
		YMCA, Boys & Girls Clubs)		
		Education (e.g., schools, teacher associations, parent-teacher groups, colleges)		
		Other:		
		Not sure		
	1 1	No preference		

Healthy Delaware 2010 Steering Committee Survey (Cont.)

Comm	unity Input
5.	The Steering Committee could seek community input and ideas on several aspects of Healthy Delaware 2010. For which of the following is it most important to seek outside input? (choose up to TWO)
	 □ Framework and priority setting methods □ Measurable objectives in the plan □ Who can work on certain strategies □ The health indicator set for Delaware □ Strategies that will work to address health indicators □ Other (please specify): □ No preference
6.	Considering Healthy Delaware 2010 goals, target audiences, and resources, what methods of gaining community input would be best? (choose up to TWO)
	 □ Public hearings with testimony □ Telephone survey □ Members gather input from their organizations □ Other (please specify): □ No preference □ Use web to post drafts for comment □ Focus groups on specific issues □ Informal open meetings with discussion □ Not sure
	other suggestions do you have for the Framework Subcommittee on how we should p Healthy Delaware 2010?

Definition of a Team

<u>team</u> n. 1. Two or more draft animals harnessed to a vehicle or farm implement. 2. To harness or form together so as to form a team.

A group is not a team.

A **group** is defined as two or more persons who are interacting with one another in such a manner that each person influences and is influenced by each other person.

A **team** is defined as a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.

(Jon Katzenbach & Doug Smith, The Wisdom of Teams, 1993. Harvard Business School Press, p 45)

A team has two important characteristics that differentiate it from a group:

- specific results for which the group is **collectively** responsible; and
- \$\frac{1}{2}\$ supra-consciousness of being a team, awareness that we need each other.

Source: Healthy Iowans 2010

Ground Rules

Definition: A shared set of norms which guide the team's behavior.

General Ground Rules	Team Meetings Ground Rules
Refreshed	Attendance/Quorum.
We each have the responsibility to stay physically refreshed so our heads stay in the	Promptness (define on time).
game.	Advanced scheduling.
Dialogue Be direct and caring; Everyone participates;	Prepare an agenda in advance.
Listen as an ally; Concede to wisdom, not position.	Establish consistent meeting site.
Stretch Learning takes many forms -respect other's	Set length of meetings to meet the team's needs.
learning styles.	Complete actions/assignments on time.
Team Work None of us is as smart as all of us.	Record minutes.
	Evaluate meetings.
Consequences Teams must decide what actions to take if members do not follow ground rules.	Define team rules.
Team Discussion	Team Decisions
Everyone participates.	Determine process for decision making, i.e.,
Open flow of ideas.	consensus.
Non-judgmental.	Ensure common understanding of the issue(s).
Stay issue focused.	Gather relevant facts/data.
Find common ground.	Analyze the data.
č	Make decision based on facts/data.

Source: Healthy Iowans 2010

Confidentiality.

Interruption - 100 mile rule.

Guidelines for Productive Team Meetings*

The initial team meetings are critical for setting the proper tone: there is serious work at hand, but everyone can have fun and contribute to the organization by working together. Ground rules need to be discussed and agreed upon at the outset. Some typical examples are attendance, promptness, equal opportunity to participate, interruptions, assignments, role assignments, decision-making methods, confidentiality, meeting evaluation method, chronic violations of ground rules.

The best way to have productive meetings is to follow guidelines from the start and at a time when team members expect to learn new ways of working together.

• Use agendas.

Each meeting must have an agenda, preferably one drafted at the previous meeting. It should be sent to participants in advance, if possible. (If an agenda has not been developed before a meeting, spend the first five or 10 minutes writing one on a flipchart.)

Agendas should include the following information:

Agenda topics (including, perhaps, a sentence or two that defines each item and why it is being discussed). The presenters (usually the person who originated the item or the person most responsible or knowledgeable about it). A time guideline (the estimated time in minutes needed to discuss each item). The item type, and whether the item requires discussion or decision, or is just an announcement.

Agendas usually list the following activities:

Warm-ups: short activities used to free people's minds from the outside world and get them focused on the meeting. A quick review of the agenda. Simply start each meeting by going over the agenda, adding or deleting items, and modifying time estimates. Breaks for long meetings. If the meeting last more than two hours, schedule at least one short break. Meeting evaluation. This is perhaps the most important item on the agenda.

Introduce these elements the first meeting and include them in all subsequent meetings. As team members become more comfortable with the group, they will feel less self-conscious about these activities.

• Have a facilitator.

Each meting should have a facilitator who is responsible for keeping the meeting focused and moving. Ordinarily, this role is appropriate for the team leader, but your team may rotate the responsibility among the members. The facilitator's chief responsibilities are to keep the discussion focused on the topic and moving along; intervene if the discussion fragments into multiple conversations; tactfully prevent anyone from dominating or being overlooked; bring discussions to a close.

The facilitator should also notify the group when the time allotted for an agenda item has expired or is about to expire. The team then decides whether to continue discussion at the expense of other agenda items or postpone further discussion until another meeting.

• Take minutes.

Each meeting should also have a scribe who records key subjects and main points raised, decisions made (including who has agreed to do what and by when) and items that the group has agreed to raise again later in this meeting or at a future meeting. Team members can refer to the minutes to reconstruct discussion, remind themselves of decisions made or actions that need to be taken, or to see what happened at a meeting they missed. Rotate this duty among the team members.

• Draft next agenda.

At the end of the meeting, draft an agenda for the next meeting.

• Evaluate the meeting.

Always review and evaluate each meeting, even if other agenda items go overtime. The evaluation should include decisions on what will be done to improve the meeting next time and helpful feedback to the facilitator.

• Adhere to the "100-mile rule."

Once a meeting begins, everyone is expected to give it full attention. No one should be called from the meeting unless it is so important that the disruption would occur even if the meeting were 100 miles away from the workplace. The "100-mile rule" will need to be communicated-perhaps repeatedly--to those who keep taking phone messages or would interrupt the team's work for other reasons.

*These guidelines have been excerpted from *The Team Handbook* by Peter R. Scholtes and *Running Effective Meetings* (Joiner Associates). Copies of a suggested form for streamlining meeting minutes, meeting evaluation, and meeting skills checklist are available from these publications.

SWOT Worksheet

SWOT is an examination of a group's internal strengths and weaknesses, as well as the environment's opportunities and threats. It should be used in the beginning stages of decision making and strategic planning.

objectives for your state plan?

What are your state's particular strengths? Do you do something particularly unique? What could be an asset in developing

Where is your state lacking? What do others seem to accomplish

Strengths:

Weaknesses:

that you cannot? What could limit your state planning				
1.	Potential Internal Strengths	1.	Potential Internal Weaknesses	
2.		2.		
3.		3.		
4.		4.		

Inreats: What is nappening that could pose threats to the process or your goals?				
Potential E 1.	External Opportunities	1.	Potential External Threats	
2.		2.		
3.		3.		
4.		4.		
5.		5.		

What is happening in your state that could provide opportunities?

Opportunities:

Libraries, Virginia Tech.

Adapted from: Balamuralikrishna R., Dugger J.C. "SWOT Analysis: A Management Tool for Initiating New Programs in Vocational Schools." *Scholarly Communications Project, University*

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Coalitions

AHEC/Community Partners. Amherst MA. <u>www.ahecpartners.org/resources/</u>. Numerous materials that can be downloaded free. Materials focus on community-building and coalitions, health care access, and Healthy Communities Massachusetts.

Berkowitz B and Wolff T. *The Spirit of the Coalition*. Washington DC: APHA. 2000. (www.apha.org)

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